# State of California - Department of Social Services **DUTY STATEMENT**

EMPLOYEE NAME:				
CLASSIFICATION:		POSITION NUMBER:		
Health Program Specialist I		800-570-8338-xxx		
DIVISION/BRANCH/REGION: (UNDERLINE ALL THAT APPLY)		BUREAU/SECTION/UNIT: (UNDERLINE ALL THAT APPLY)		
CFSD/CCR		Policy & Performance/Stakeholder Engagement		
SUPERVISOR'S NAME:		SUPERVISOR'S CLASS:		
Theresa Thurmond				
SPECIAL REQUIREMENTS OF POSITION (CF	IECK ALL THAT A	PPLY):		
☐ Designated under Conflict of Interest Code.				
$\hfill \Box$ Duties require participation in the DMV Pull	Notice Program.			
☐ Requires repetitive movement of heavy objection	ects.			
Performs other duties requiring high physical	al demand. <i>(Expla</i>	in below)		
None				
✓ Other (Explain below)				
Fingerprint Clearance (DOJ/FBI)				
I certify that this duty statement represents an a description of the essential functions of this posi		I have read this duties I am assig		agree that it represents the
<u> </u>			jried.	1
SUPERVISOR'S SIGNATURE	DATE	EMPLOYEE'S SIGNATURE		DATE
SUPERVISION EXERCISED (Check one):  ✓ None   □ Superv	isor	☐ Lead Per	son	☐ Team Leader
FOR SUPERVISORY POSITIONS ONLY: Indic	ate the number of	positions by classifi	cation that this positi	ion DIRECTLY supervises.
Total number of positions for which this position	is responsible:	0		
FOR LEADPERSONS OR TEAM LEADERS ON	NLY: Indicate the	number of positions	by classification that	this position LEADS.

#### MISSION OF ORGANIZATIONAL UNIT:

The Continuum of Care Reform (CCR) Branch is responsible for the development, implementation and oversight of congregate care reform as required by Assembly Bill (AB) 403 (Chapter 773, Statutes of 2015). The CCR Branch develops new programs, policies and regulations to ensure improved outcomes for children and families across the continuum of placement settings.

The Stakeholder Engagement Unit is responsible for promoting the authentic engagement of internal and external stakeholders throughout the implementation of the CCR. In addition, the unit develops, implements and monitors programs and procedures for foster youth in congregate care, as well as ensures that the policies and procedures promote the transition of these children and young adults from congregate care into nurturing and permanent families.

#### **CONCEPT OF POSITION:**

Under the direction of SSM I, the Health Program Specialist (HPS) I will serve as the Department's technical and program lead for the technical assistance (TA) work with counties for child specific needs. The incumbent will lead, independently coordinate, and manage the associated workload to provide county oversight for effective and timely trauma informed care to achieve improved outcomes for child welfare involved children, youth and their families. The HPS I exercises a high degree of independence on a regular and frequent basis that are critical to the Departments mission and have policy impact. The HPS I provides expert consultation on extremely sensitive issues that have a major statewide impact.

#### A. RESPONSIBILITIES OF POSITION:

### A. RESPONSIBILITIES OF POSITION:

55% Independently functions as the subject matter expert in the areas of child welfare, probation, mental health, health, education, out of home placement, flexible funding and permanency. Functions as lead staff representing the Division on activities, assignments and workgroups related to child specific technical assistance. Research, measure, coordinate, track, support care coordination of complex care cases and ensure documents and discussions are kept in a confidential manner. Regularly consult with counties as subject matter expert in cross-system services delivery to identify and resolve gaps to address barriers to effective and timely coordination of care and access to services.

25%-Directs the development, implementation, coordination, and facilitation of quality improvement for coordinated services at the local level for youth who require services from multiple agencies. Lead the internal and external meetings utilizing the Integrated Core Practice Model approach to build upon and enhance an outcomes management framework and data measures for services. Provide managerial, policy, technical support, and program guidance to counties based on identified need or upon request. Provide expertise, leadership, and make informed policy and program decisions in the development of CCR performance outcomes. Independently evaluates critical, complex, and sensitive clinical, behavioral/mental health policy issues and provides related recommendations, subject matter expertise, and technical assistance concerning complex care cases.

10% Represents the SSM I and CDSS in meetings and communications in a variety of internal and external meetings. This includes providing leadership as well as taking an active role in various meetings and discussions to ensure complex information is delivered effectively and concisely to multiple stakeholders, negotiating across boundaries and sometimes managing significant resistance. Build strong relationships and work closely with state, county, local government, private agencies and entities to ensure necessary assistance and cooperation is in place to effectively carry out the mission of CFSD. Coordinates and communicates efforts across various State and County government agencies, other departmental organizations, the Legislature, stakeholders, advocates, and the provider community to accomplish work of the CCR Branch.

10% The HPS I will act for the manager when necessary and routinely brief the Bureau Chiefs and Branch Chief, regarding all aspects of the responsibilities and activities that fall within the assigned responsibilities. Prepares brief documents, reports, charts, graphs, and other presentation materials. Makes presentations before CDSS leadership and other stakeholders. Provides input for the development of quarterly reports to CDSS executive leadership and other key stakeholders including but not CWDA, DHCS, CBHDA and CPOC.

The HP	S I is directly supervised by the SSM I of the Stakeholder Engagement Unit.
C. ADMINIST	TRATIVE RESPONSIBILITY:
The HP family a additior	AL CONTACTS:  OS I has daily contact with other Branch and departmental staff and managers, licensed adoption, foster and county child welfare and probation agencies, congregate facilities, advocates and the general public. In the HPS I has daily contact with other high level staff with external agencies regarding mental health, education, Regional Center and housing programs.
The HP manage inaccura informa State, c	AND CONSEQUENCES:  2S I must exercise professional judgment in analyzing issues and making recommendations to executive ement regarding the design and delivery of public social services. Faulty analyses and interpretations, ate or inconsistent statements, ineffective program development or inaccurate technical assistance tion may result in inadequate or inappropriate services for children and families; poor relationships with county, and federal agencies; county and/or State non-compliance with federal and State statute; or ent use of State, federal and local funds.

## F. OTHER INFORMATION:

B. <u>SUPERVISION RECEIVED</u>:

The HSP I must have good interpersonal communication skills and be able to work well with a variety of people. The HPS I must be able to work well under pressure regarding timelines, making sound decisions, and mediating conflicts between persons or agencies. Knowledge of child welfare services programs, county social welfare and probation agencies, community organizations, and CDSS administrative and support services, children's services and other related programs is desirable.